

**PAYMENT INSTRUCTION**

NAME OF MEMBER/DULY AUTHORIZED PERSON:

\_\_\_\_\_

INCORPORATED COMPANY (IF APPLICABLE):

\_\_\_\_\_

**I hereby order SODRAC 2003 Inc to pay all royalties due to me/us to the Beneficiary identified below:**

NAME OF BENEFICIARY: \_\_\_\_\_

COMPANY (IF APPLICABLE): \_\_\_\_\_

EMAIL: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

Effective as of (date): \_\_\_\_\_

\* but not before the receipt date hereof by SODRAC 2003 Inc.

I acknowledge and agree that this payment instruction releases SODRAC 2003 Inc. from its obligation to pay me/us directly and/or report to me/us, until the cancellation of this payment instruction or the production of a new payment instruction.

MADE IN: \_\_\_\_\_

DATE: \_\_\_\_\_

\_\_\_\_\_

SIGNATURE OF MEMBER/DULY AUTHORIZED PERSON